

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2017 JAN 30 AM 10:32

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Will of the People PAC

ADDRESS (number and street)

1209 E WT Harris Blvd Suite J222

Check if different than previously reported. (ACC)

Charlotte

NC

28227

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000619130

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

MM / DD / YYYY

in the State of

NC

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

NC

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Havelka

Signature of Treasurer

Robert Havelka

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Will of the People PAC

Report Covering the Period:

From:

10 / 01 / 2016

To:

11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		20000
(b) Cash on Hand at Beginning of Reporting Period.....	2663	
(c) Total Receipts (from Line 19)	000	500
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2663	20500
7. Total Disbursements (from Line 31).....	2400	20237
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	263	263
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

2016-11-28 10:00 AM

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From: / / To: / /

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

<p>11. Contributions (other than loans) From:</p> <p>(a) Individuals/Persons Other Than Political Committees</p> <p>(i) Itemized (use Schedule A).....</p> <p>(ii) Unitemized.....</p> <p>(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶</p> <p>(b) Political Party Committees.....</p> <p>(c) Other Political Committees (such as PACs).....</p> <p>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶</p> <p>12. Transfers From Affiliated/Other Party Committees.....</p> <p>13. All Loans Received.....</p> <p>14. Loan Repayments Received.....</p> <p>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....</p> <p>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....</p> <p>17. Other Federal Receipts (Dividends, Interest, etc.).....</p> <p>18. Transfers from Non-Federal and Levin Funds</p> <p>(a) Non-Federal Account (from Schedule H3).....</p> <p>(b) Levin Funds (from Schedule H5).....</p> <p>(c) Total Transfers (add 18(a) and 18(b))..</p> <p>19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶</p> <p>20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text" value="0.00"/></p> <p><input type="text"/></p> <p><input type="text" value="0.00"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text" value="0.00"/></p> <p><input type="text"/></p> <p><input type="text" value="0.00"/></p> <p><input type="text" value="0.00"/></p>	<p><input type="text"/></p> <p><input type="text" value="5.00"/></p> <p><input type="text"/></p> <p><input type="text" value="5.00"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text" value="5.00"/></p> <p><input type="text"/></p> <p><input type="text" value="5.00"/></p> <p><input type="text" value="5.00"/></p>
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2017 OCT 10 10:00 AM

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	2400	20237
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2400	20237
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements (Including Non-Federal Donations)		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2400	20237
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2400	20237

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	500
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	500
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	24.00	20237
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	24.00	20237

1-800-424-9547

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

PAGE 1 OF 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Will of the People PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount field

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount field

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount field

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Will of the People PAC

A.

Full Name (Last, First, Middle Initial) *Google*

Mailing Address *1600 Amphitheatre Parkway*

City *Mountainview* State *CA* Zip Code *94043*

Purpose of Disbursement *Operating Expenditures (email)*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement *10 / 03 / 2016*

FEC Identification Number *C*

Amount of Each Disbursement this Period *10.00*

Memo Item

B.

Full Name (Last, First, Middle Initial) *Wells Fargo*

Mailing Address *420 Montgomery St*

City *San Francisco* State *CA* Zip Code *94104*

Purpose of Disbursement *Op. Expenditures => Account Maintenance*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement *10 / 31 / 2016*

FEC Identification Number *C*

Amount of Each Disbursement this Period *14.00*

Memo Item

C.

Full Name (Last, First, Middle Initial) *Google*

Mailing Address *1600 Amphitheatre Parkway*

City *Mountainview* State *CA* Zip Code *94043*

Purpose of Disbursement *Operating Expenditures (email)*

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement *11 / 03 / 2016*

FEC Identification Number *C*

Amount of Each Disbursement this Period *10.00*

Memo Item

SUBTOTAL of Disbursements This Page (optional) *24.00*

TOTAL This Period (last page this line number only) *24.00*

**SCHEDULE C (FEC Form 3X)
LOANS**

NAME OF COMMITTEE (In Full)
Will of the People PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) Memo Item Election:
 Primary
 General
 Other (specify) ▼
 Mailing Address
 City State ZIP Code

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period

TERMS
 Date Incurred Date Due Interest Rate Secured:
 Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ *000*
 TOTALS This Period (last page in this line only) ▶ *000*

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page 1 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>WPA of the People PAC</i>			FEC IDENTIFICATION NUMBER C								
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan _____		Interest Rate (APR) _____ %							
Mailing Address			Date Incurred or Established <table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:33%; text-align:center;">M M M</td> <td style="border:1px solid black; width:33%; text-align:center;">D D D</td> <td style="border:1px solid black; width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> </table>			M M M	D D D	Y Y Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y Y Y									
City	State	Zip Code	Date Due <table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:33%; text-align:center;">M M M</td> <td style="border:1px solid black; width:33%; text-align:center;">D D D</td> <td style="border:1px solid black; width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> </table>			M M M	D D D	Y Y Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y Y Y									
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, date originally incurred <table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:33%; text-align:center;">M M M</td> <td style="border:1px solid black; width:33%; text-align:center;">D D D</td> <td style="border:1px solid black; width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> </table>			M M M	D D D	Y Y Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y Y Y									
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: _____									
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)											
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes							
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? _____							
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:33%; text-align:center;">M M M</td> <td style="border:1px solid black; width:33%; text-align:center;">D D D</td> <td style="border:1px solid black; width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> </table>			M M M	D D D	Y Y Y Y Y Y Y Y	Location of account: Address: City, State, Zip: _____					
M M M	D D D	Y Y Y Y Y Y Y Y									
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.											
G. COMMITTEE TREASURER Typed Name <i>Robert Hovella</i> Signature <i>Robert Hovella</i>				DATE <table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:33%; text-align:center;">M M M</td> <td style="border:1px solid black; width:33%; text-align:center;">D D D</td> <td style="border:1px solid black; width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">01</td> <td style="text-align:center;">15</td> <td style="text-align:center;">2017</td> </tr> </table>		M M M	D D D	Y Y Y Y Y Y Y Y	01	15	2017
M M M	D D D	Y Y Y Y Y Y Y Y									
01	15	2017									
H. Attach a signed copy of the loan agreement.											
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.											
AUTHORIZED REPRESENTATIVE Typed Name Signature			DATE <table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:33%; text-align:center;">M M M</td> <td style="border:1px solid black; width:33%; text-align:center;">D D D</td> <td style="border:1px solid black; width:33%; text-align:center;">Y Y Y Y Y Y Y Y</td> </tr> </table>			M M M	D D D	Y Y Y Y Y Y Y Y			
M M M	D D D	Y Y Y Y Y Y Y Y									
Title											

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SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Will of the People PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text" value="0.00"/>

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>Will of the People PAC</i>	FEC IDENTIFICATION NUMBER ▼ C
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Mailing Address	Amount <input type="checkbox"/>
City State Zip Code	Date of Disbursement or Obligation <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Purpose of Expenditure Category/Type <input type="checkbox"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Mailing Address	Amount <input type="checkbox"/>
City State Zip Code	Date of Disbursement or Obligation <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Purpose of Expenditure Category/Type <input type="checkbox"/>	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="checkbox"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="checkbox"/>
(c) TOTAL Independent Expenditures	<input type="checkbox"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date / /

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)
Will of the People PAC

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address		Date	Category/Type
City	State		
Name of Federal Candidate Supported	Office Sought:	House	State: _____
		Senate	District: _____
		Presidential	
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	Amount	<input type="text"/>

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address		Date	Category/Type
City	State		
Name of Federal Candidate Supported	Office Sought:	House	State: _____
		Senate	District: _____
		Presidential	
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	Amount	<input type="text"/>

Full Name (Last, First, Middle Initial) of Each Payee	<input type="checkbox"/> Memo Item	Purpose of Expenditure	<input type="text"/>
Mailing Address		Date	Category/Type
City	State		
Name of Federal Candidate Supported	Office Sought:	House	State: _____
		Senate	District: _____
		Presidential	
Aggregate General Election Expenditure for this Candidate ▶	<input type="text"/>	Amount	<input type="text"/>

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="0.50"/>

NON-FEDERAL CAMPAIGN

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %
Nonfederal..... %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full) Wm of the People PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>	<p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <p>%</p>

NON-FEDERAL CANDIDATES

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
Will of the People PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	
ii) Generic Voter Drive	
iii) Exempt Activities	
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising	
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support	
vi) Public Communications Referring Only to Party (Made by PAC)	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	000
TOTAL This Period (Generic Voter Drive)	000
TOTAL This Period (Exempt Activities)	000
TOTAL This Period (Direct Fundraising)	000
TOTAL This Period (Direct Candidate Support)	000
TOTAL This Period (Public Communications Referring Only to Party)	000
TOTAL This Period (Total Amount Transferred)	000

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Will of the People PAC

A. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 Date: MM / DD / YYYY

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ + _____ = _____

B. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 Date: MM / DD / YYYY

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ + _____ = _____

C. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address _____
 City _____ State _____ Zip Code _____

Purpose of Disbursement: _____
 Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event Year-To-Date: _____
 Date: MM / DD / YYYY

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ + _____ = _____

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

_____ + _____ = _____

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

_____ _____ _____

NONFEDERAL SHARE

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Will of the People PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID.....
- iii) **GOTV**
Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**
Total Amount Transferred for Voter ID.....
- iii) **GOTV**
Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity.....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full) *WOM of the People PAC*

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign
 Allocated Activity or Event Year-To-Date
 Date

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign
 Allocated Activity or Event Year-To-Date
 Date

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item
 Mailing Address
 City State Zip Code
 Purpose of Disbursement
 Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign
 Allocated Activity or Event Year-To-Date
 Date

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT

TOTAL This Period for the Levin Share

--	--	--	--

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)	<i>Win of the People PAC</i>
NAME OF ACCOUNT	

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
(Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

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SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

PAGE OF

FOR LINE NUMBER:
 (check only one) 1a 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Will of the People PAC

<p>A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p> <p>XXXXXXXXXXXXXXXXXXXX</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p> <p>XXXXXXXXXXXXXXXXXXXX</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p>B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p> <p>XXXXXXXXXXXXXXXXXXXX</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p> <p>XXXXXXXXXXXXXXXXXXXX</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p>C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p> <p>XXXXXXXXXXXXXXXXXXXX</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p> <p>XXXXXXXXXXXXXXXXXXXX</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p>D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item</p>	<p>Date of Receipt</p> <p>MM / DD / YYYY</p>
<p>Mailing Address</p>	<p>Amount of Each Receipt this Period</p> <p>XXXXXXXXXXXXXXXXXXXX</p>
<p>City State Zip Code</p>	<p>Aggregate Year-to-Date</p> <p>XXXXXXXXXXXXXXXXXXXX</p>
<p>Name of Employer (for Individual)</p>	
<p>Occupation (for Individual)</p>	
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>	<p>XXXXXXXXXXXXXXXXXXXX <i>0.00</i></p>
<p>TOTAL This Period (last page this line number only).....▶</p>	<p>XXXXXXXXXXXXXXXXXXXX <i>0.00</i></p>

2017-01-10 10:00 AM

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE 1 OF 5
(check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)
W-M of the People PAC

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

A. Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

B. Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

C. Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

D. Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

E. Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

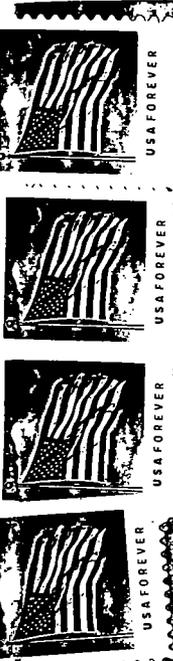
SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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Washington, DC 20510-7116

He, NC 28212



MONROE, LA

Federal Election Commission
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Hand Delivered Date of Receipt

USPS First Class Mail Postmarked Date of Receipt
1/30/17

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 1/30/17
 PREPARER DATE PREPARED

2017-01-30 10:00 AM